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PATENT

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TO: USPTO
FAX NO.: 703-872-9303
ATTN: Examiner Hotaling
FROM: Steven R. Funk
NO. OF PAGES 14
(w/ cover sheet):
FAX NO. 651/686-7111
PHONE NO. 651/686-6633
Applicant: Zilliaccus et al.
Examiner: HOTALING, J.
Serial No.: 09/350,315
Group Art Unit: 3713
Filed: July 9, 1999
Docket: NOKV.005PA
Title: METHOD AND APPARATUS FOR PLAYING GAMES BETWEEN THE CLIENTS OF ENTITIES AT DIFFERENT LOCATIONS

CERTIFICATE OF TRANSMISSION UNDER 37 C.F.R. §1.8

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office on March 21, 2003.

Tracy M. Dotter

NAME

SIGNATURE

REQUEST for CONTINUED EXAMINATION (RCE) TRANSMITTAL

Box RCE
 Assistant Commissioner for Patents
 Washington, D.C. 20231

1. This is a request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application.
2. The following are submitted under 37 C.F.R. §1.114.
 - a. ☒ Previously Submitted
 - ☒ Amendment/Reply under 37 C.F.R. §1.116 previously filed on February 24, 2003.
 - ☐ Appeal Brief previously filed on
 - ☐ Reply Brief previously filed on
 - ☐ Other
 - b. ☒ Enclosed
 - ☒ Copy of un-entered Amendment/Reply under 37 C.F.R. §1.116
 - ☐ Affidavit(s)/Declaration(s)
 - ☐ Information Disclosure Statement
 - ☒ Petition for Extension of Time
 - ☐ Other

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3. Miscellaneous

- a. ☐ Suspension of action on the above-identified application is requested under 37 C.F.R. §1.103(c) for a period of _____ months.
- b. ☐ Return Postcard

4. Fees

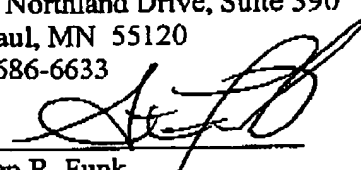
- a. ☐ Check(s) for required fees
1. ☐ Check in the amount of \$ _____ for RCE filing fee.
 2. ☐ Check in the amount of \$ _____ for request for suspension of action
 3. ☐ Check in the amount of \$ _____ for an Extension of Time
- b. ☒ The Commissioner is hereby authorized to charge the following fees, or credit any overpayments to Deposit Account number 50-0996 (NOKV.005PA).
1. ☒ The RCE filing fee of \$750.
 2. ☐ The request for suspension of action
 3. ☒ The two month Extension of Time in the amount of \$300.00 (a one month extension was previously paid on February 24, 2003).
- c. ☐ Payment is made via credit card. (Form PTO-2038 is enclosed)

Authorization is hereby given to charge any additional fees or credit any overpayments that may be deemed necessary to Deposit Account Number 50-0996 (NOKV.005PA).

Respectfully submitted,

Crawford Maunu PLLC
1270 Northland Drive, Suite 390
St. Paul, MN 55120
651-686-6633

Date: March 21, 2003

By: 
Steven R. Funk
Reg. No. 37, 830

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